Letter from the Program Director

ST. AGNES HOSPITAL

Dear Colleague:

It's truly exciting to be able to work with the 1996 **Models That Work** Campaign and to be able to share information about our program with you. It took many people from many different agencies working together to be able to establish our program. It was definitely a team effort, and that's what makes it so special.

In 1993, the Fond du Lac Medical Society Alliance presented a panel discussion on domestic violence and why a hospital-based program could be so successful. Statistics were gathered on the need, and in January 1994, a community-wide forum was held to gather community leaders to work towards this common goal. In March 1994, the St. Agnes Hospital Board of Directors approved funding for the project. In November 1994, I was hired as the coordinator to start the program.

Before coming to St. Agnes, I had worked in domestic violence shelters for 17 years, and I was amazed at the difference a hospital-based program could make. Healthcare staff see battered women years before they would seek help on their own from police, or shelters. By being available to talk with victims 24 hours a day, we have an opportunity to connect them with needed resources; assist them in stopping the violence in their lives; and, hopefully prevent abuse to their children. By training healthcare staff about violence, all women can be screened for abuse on a daily basis. We have the opportunity to really make a difference in our fight to stop the cycle of violence. The success of this program can be measured easily when you look at the fact that in 1994 only 12 patients were identified as victims of abuse compared to 196 patients identified in the first year the domestic violence program was providing services.

Look over the materials we have submitted and if you have any questions, please feel free to contact me. I really enjoy working with others to discuss ways that they can design their own program. We are all part of a team trying to work together to provide quality healthcare to underserved and vulnerable populations in our communities.

Sincerely,

Rene' Firari Will

Rene' Firari Will
Coordinator
St. Agnes Hospital Domestic Violence Program

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Sponsored by the Congregation of St. Agnes Hospital

Introductory Statement

Dear Colleague:

On behalf of the Health Resources and Services Administration
Health Care and "Models That Work" (MTW) Campaign co-sp
present this Strategy Transfer Guide. This document is intende
replicating the innovative and creative strategies used by St. Ag
Violence Program, one of the 1996 MTW Competition special l
represents a creative community-driven solution to significant h
developed by building partnerships and maximizing existing ca
community. I encourage you to learn as much as you can from

Although the strategies outlined in this document may be used a
in no way be interpreted as a step-by-step procedure for solving
delivery challenges in your community. This document is simp
viable ideas to support your efforts in providing effective prima
underserved and vulnerable populations.

If you need explanations, advice, or would like additional infor
program representative listed in the "Project Overview," or con
Work Campaign Information" section of this Strategy Transfer

We hope you find this information useful.

Project Overview

Name of Program: St. Agnes Hospital Domestic Violence Program

Lead Organization: St. Agnes Hospital - A member of Agnesion Healthcare

Location: Fond du Lac, Wisconsin

Annual Budget of Funding Sources: $90,000 - 10 percent of hospital's bottom-line profit is committed to supporting programs that enhance the quality of life in Fond du Lac (FDL) County and fulfill our mission statement to care for the poor and underinsured with dignity and value. The Sisters of St. Agnes, through their ACTS Grant, committed $20,000 to the project, $10,000 of which has been used to train hospital and clinic staff. To date, over 900 have been trained. St. Agnes Hospital Foundation committed $10,560 for staff training to create an Abusers Treatment Program. A donation of $500 from an individual donor helped to start a women's support group and purchase training materials.

Community Need and Target Populations: Domestic violence involves an entire family, never just one member, and it affects all of society—healthcare, legal and social systems. The Fond du Lac area has not been immune to the epidemic spread of domestic violence. In 1994, 1,700 cases of child abuse were reported to Fond du Lac County Social Services—the third highest in the state. In 1993, 360 incidents of domestic violence were reported from the County District Attorney's Office. A community shelter for survivors of abuse provided over 2,246 shelter nights to women and children during 1995 and received 3,499 calls on their help line. The emergency department at St. Agnes Hospital reported seeing 12 victims of domestic abuse in 1994 before the Domestic Violence Program started.

Primary Care Services Provided: Medical intervention offered to hospital and healthcare clinics.

Partner Organizations: A community Coalition Against Violence Partnership was created. The following 12 partners work together as a referral resource and information support network:

- ASTOP, Inc., a local sexual assault prevention, non-profit agency
- FDL County District Attorney's Office
- Friends Aware of Violent Relationships, a 20-bed shelter house for battered women and their children.
- FDL Clergy Association
- FDL County Medical Alliance
- FDL County Social Services Department
- FDL City Police Department
- Catholic Social Services
- FDL County Sheriff's Department

- Crime Victim Witness Program
- FDL Public and Parochial School System
- FDL Family Resource Center

Health Related Outcomes: The program has served 196 new patients from its inception in November 1994 through December 1995. In 1996 our program served 246 patients. The long-term benefits of this program cannot be underestimated. By implementing a domestic violence program, St. Agnes Hospital has accepted a major role in stopping the cycle of abuse that is carried from one generation to the next.

Kind of Model: The St. Agnes Hospital Domestic Violence Program provides hospital-based early detection, intervention, treatment, and referral services to victims of abuse who access care through the dental, medical and chiropractic offices, or the hospital. The program provides 24-hour crisis assistance and advocacy in person, or by telephone, support groups for victims, child care, transportation, follow up services, and referrals. One-on-one sessions for the abuser are provided until the individual begins therapy.

This program educates healthcare professionals to better interview, identify, treat, and document abuse cases. This is the only project in Wisconsin that we are aware of where the hospital is fully funding the program. St. Agnes Hospital, a member of Agnesian Healthcare, gives 10 percent of the bottom-line profits to healthy community initiatives and underwrites this program at a cost of $90,000 annually.

The Domestic Violence Program teamed up with St. Agnes' Outpatient Behavioral Health Department to design and implement a therapeutic treatment program for the perpetrator of domestic violence. Modeled after the 45-week ATAM Program in Madison, Wisconsin, participants may enroll voluntarily, or be court ordered into treatment. The staff running the abusers' program includes an addictions counselor, social worker, psychologist, and staff from the Domestic Violence Program.

Posters, with small tear-off sheets containing the program's phone number, are placed in hospital bathrooms and medical clinics so that victims can take information confidentially. Educational and resource materials on how to recognize and refer victims of domestic violence are distributed in the emergency room, through local providers, clergy, community residents and healthcare professionals in the community.

For Additional Information, contact: Valerie A. Graczyk, Executive Director, Foundation and Community Services or René Firari Will, Coordinator of the St. Agnes Hospital Domestic Violence Program.

Telephone: (920) 929-1964 Valerie A. Graczyk
Telephone: (920) 929-1207 René Firari Will
Facsimile: (920) 929-1306

Project Description

POPULATION SERVED AND EXPECTED OUTCOMES

The St. Agnes Hospital Domestic Violence Program is a hospital-based program providing services to victims of abuse who are seen in the healthcare system. Our program is located in the hospital, our staff are hospital employees, and the program is fully funded by the hospital. Our goals are: (1) to provide education and training to healthcare professionals working within the hospital, or other healthcare systems, and (2) to provide 24-hour advocacy to victims of abuse who access the healthcare system. St. Agnes Hospital has implemented mandatory three-hour trainings for all patient care staff to teach them how to provide early detection and intervention to victims of abuse. This training enables domestic violence advocates to provide treatment and referrals. To date, over 600 professionals have been trained. Our services target any patients seen in the healthcare system, such as inpatient psychiatric and alcohol/drug abuse patients, emergency room patients, and others.

With the expertise of a full-time coordinator, two part-time advocates, and many volunteers, the St. Agnes Hospital Domestic Violence Program provides 24-hour crisis intervention, individual advocacy sessions, continuous follow-up and support groups.

Central to the program is its commitment to remain extensively connected to all "systems" and become a comprehensive community program to which survivors can turn. It complements other community anti-violence programs, such as Friends Aware of Violent Relationships (FAVR), the community's domestic violence shelter, and ASTOP, a non-profit agency that helps sexual abuse survivors.

Law enforcement agencies and the judicial system are being trained to offer improved legal response to survivors, and agencies working with survivors have been given updated resource materials. Those materials include names, addresses, and telephone numbers of community organizations that address the needs of domestic violence survivors. Victims also receive a smaller resource packet. So they, too, are informed of all community agencies.

Our goal is to offer battered women:

- Education about abuse and options available to them;
- Assistance in developing personal safety plans; and
- Support in whatever decision they make.

We hope to help connect battered women to the services available to them. One of those connections we believe to be important is the community domestic violence shelter. Working together with the FAVR shelter, we can physically take victims to the facility, meet with staff, and provide tours of the facility so that going to a shelter is no longer an option they are afraid to take.

OUTCOMES

In one year, the utilization rate increased from 12 to 196. In the second year, we served 246 families. It is also important to recognize that since 50 percent of women will statistically be abused at some time in their lives, and since most healthcare workers are women, we can presume that we will be serving victims of

abuse who could be our own staff. We feel this is important because if we cannot help ourselves, how can we help others.

COMMUNITY PARTNERSHIPS

The Domestic Violence Program evolved from the professionals in the community that first formed the Fond du Lac Coalition Against Violence. This program is here today because of the special community partners that believed we were needed. The coalition is made up of the following committees:

- Legal
- Clergy
- Healthcare
- Education

On the Legal Committee, we work side-by-side with law enforcement, probation and parole personnel, judges, social services, and the district attorney's office. We collaborate on such issues as how to make the legal system a safe place for victims while holding the batterers accountable, and deciding whether healthcare staff should be required to report domestic violence.

The Clergy Committee is made up of all faiths working together to educate themselves and their congregations. The committee's first project was to write a complete church service about domestic abuse. The committee is now working on developing a pre-marital questionnaire for couples that would assist clergy in identifying victims.

The Healthcare Committee continually works on spreading the word to different healthcare professionals. The committee recently focused on chiropractors and dentists.

The education committee seeks opportunities to educate children about violence. The committee sponsored a contest for children to design a poster on alternatives to violence. Prizes were awarded and the posters displayed at St. Agnes Hospital.

In addition, battered women serve on the coalition so that their voices are constant reminders of what is important.

SERVICE DELIVERY SYSTEM

Domestic violence advocates are on-call 24 hours to insure immediate response to meet with, victims of abuse. Monthly on-call calendars are prepared that include the names of staff, telephone/pager numbers, and work schedules. Advocates are paid their hourly wages only when they respond to a crisis. On-call calendars are given to the following departments:

- Inpatient Psychiatric and Alcohol/Drug Abuse Unit. This unit also receives the 24-hour call line for the hospital;
- Emergency Department;
- Outpatient Behavioral Health Department; and,
- ASTOP, the private non-profit agency that serves victims of sexual assault. This agency receives free office space as well as partial funding from St. Agnes Hospital.

Whenever a victim is identified, she is asked if she would like to meet with an advocate. If so, an advocate is contacted. Advocates must respond within a thirty minute timeframe. If the victim does not want to meet with an advocate, she is given information about other available services. Healthcare staff also

contacts advocates to discuss cases they are working with and seek advice about women they feel are abused but who will not admit to it.

Domestic violence advocates obtain detailed intake information to help assess what services and options should be provided. They will also work with the victims to help set up personalized safety plans. If it is safe for the women to take information with them, advocates discuss how to continue providing services through a follow up agreement. For example, if a woman is in a dangerous situation, daily follow up is needed.

ORGANIZATIONAL STRUCTURE

The Domestic Violence Program is part of the Behavioral Health Department at St. Agnes Hospital. The supervisor is the Director of Behavioral Health, who reports to the Executive Vice President and Chief Operating Officer, who in turn is supervised by the President/Chief Executive Officer of the Hospital. All services are offered free of charge and are completely confidential.

Referrals can come from anywhere in the hospital or from healthcare clinics located in the City of Fond du Lac and at satellite locations around Fond du Lac County.

Currently, our staff members have backgrounds in social work and corrections science. One of our staff is a survivor of abuse. We currently have 30 volunteers helping us provide these services. Volunteers receive a 20-hour training program and additional one-on-one training with program staff before they can work alone with victims. Volunteers assist staff with monthly data collection, office work, child care, organizing support groups, transportation, follow up, and on-call crises. Our volunteers come from a wide variety of cultural , ethnic, age, disability, and income backgrounds to insure they will be able to work more effectively with our patients. They also come from a variety of professions, ranging from housewife and mother, to teacher and legal assistant.

Lessons Learned

The Coordinator, René Firari Will, councils a victim.

ST. AGNES HOSPITAL

ISSUES, PROBLEMS, AND STRATEGIES AT THE OUTSET

Initially, several counselors and Sisters became aware of a number of battered women who had been brought in either through the emergency room, or the counseling department, who were not getting the needed on-site advocacy and services. We documented this by extensively surveying the police department, social service agencies, and relevant hospital departments to determine how many battered women were being reported in the wider community.

With this survey and a qualitative report of the situation and unmet needs, we convened a coalition against violence, later called the Fond du Lac Coalition Against Violence. This coalition, was composed of community agency representatives and hospital departments that had contact with families involved in violence. The coalition prepared a report that resulted in the establishment of our program.

OUR PHILOSOPHY FOR SERVICE DELIVERY

Our mission at St. Agnes Hospital is to help the poor and the underserved———not just those who can pay for service, but any person in danger——and ensure that our hospital is safe and accessible for families. To achieve this, it was important that our staff recognize that we were not there to make decisions for battered women. We make decisions ***with*** battered women.

We train our staff to recognize victims of abuse, ask questions, follow hospital procedures, and most importantly, see themselves and our clients as part of a team. Finally, all healthcare professionals at St. Agnes Hospital are trained to look at every domestic violence victim as a potential murder victim.

QUALITATIVE AND QUANTITATIVE PROGRAM OUTCOMES

We are able to link battered women, and their families, to systems years before they would otherwise be able to do so on their own. Before the domestic violence program was initiated, we identified 12 cases of domestic violence a year. In the first year of the domestic violence program, we served 196 battered women in the healthcare system. In our second year we served 246 patients. Health

professionals now have 24-hour access to domestic violence information on their patients.

EFFECTIVE CONSENSUS BUILDING STRATEGIES

We were careful to ensure that we were supportive of, and not competitive with, any other existing agency by developing working plans that specifically state that "we serve anyone in the healthcare system." In doing this, we made a commitment that our hospital was going to fund this program in its entirety to avoid competing for funds with the shelter for battered women. The shelter is a major part of our community and needs to be supported. We also tried to help the shelter with fundraising.

The other problem we came up against was that of adequately serving our staff. As a healthcare system, most of our employees are women. We needed to be accountable to them as victims of abuse. Their main concern was whether co-workers would have access to their confidential records. After meeting with the Medical Records Department, we adopted a system already in use in the Clergy or Pastoral Care Department to ensure that women in our own healthcare system could access our services without concern. None of our notes are documented in the medical records.

BUILDING COOPERATION BETWEEN COMMUNITY PARTNERS

The Fond du Lac Coalition helped define the need for our program and remained an invaluable resource for strengthening cooperation between our community partners. Committees such as the clergy, physicians, education, legal and healthcare were formed. With professionals from different areas on each committee working together, we made sure things were getting done to address specific needs without duplication.

OVERCOMING BARRIERS, LEVERAGING PARTNER RELATIONSHIPS, AND BUILDING ALLIANCES FOR SUCCESS

The largest hurdle we had to overcome is meeting with different hospital department heads to let them know we are truly here to help and to gain their support and inclusion in our program. One hurdle was with the Obstetrics department. Because of the short hospital stay, and the need to provide baby care instructions, there was very little time for our staff to ask new mothers questions about violence. After discussions, we convinced the department to put posters in patient bathrooms with tear-off sheets about the domestic violence program, include a couple of questions during in-take about violence in the relationship, and provide information about our program in the packets distributed upon departure.

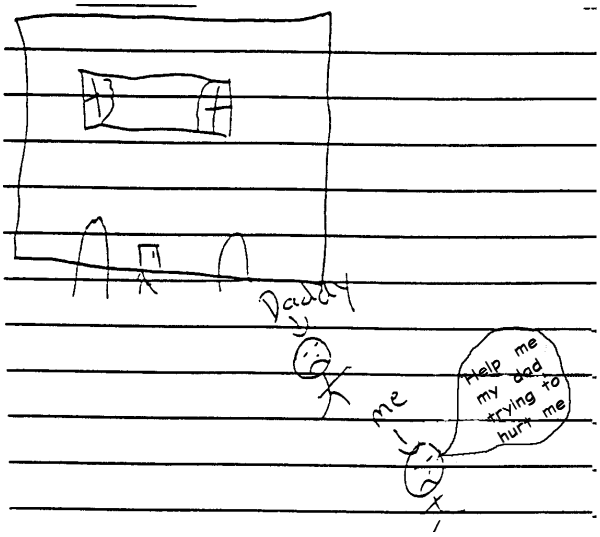
Working with people in the community, as well as in our shelter program, has been difficult; but helping them and supporting their programs has eliminated barriers. Letting them know that we are honest and concerned about their services, and that we are only going to do what we say is really important.

René Firari Will, Coordinator

One of my proudest moments was when an emergency room doctor told a woman, who was being seen for the third time because her boyfriend had beaten her, that she didn't have to wait to be beaten to come to our hospital. He told her that our hospital was a safe place, and if she knew she was going to be hurt, come to us before that happened, and we would help.

An older woman in her seventies was referred to us because her husband had been physically and psychologically abusing her all their married life. Now, he was sick and she had to take care of him, but the abuse had gotten even worse. First, we worked with her on what she wanted in life. She did not want to stay in this relationship. In fact, her fear was that she may die in this relationship and never know peace. One of our advocates was able to work with her, and her children, to get the husband into a nursing home. Now, this woman is doing well. She still struggles because she is very poor but she enjoys coming to the hospital to check in with us. She tells us her favorite time is when she can go out for coffee and just watch families come and go out of a restaurant. She was never allowed out of the house alone when her husband was there.

There was a woman in her fifties who was referred to us because her son was abusing her. She saw us on a one-on-one basis, and once brought her 8-year-old granddaughter to the hospital. While one advocate talked to the woman, the child played with toys and asked for some paper and pencil. When we completed our session, the child handed this picture to the advocate.



"I don't like my dad because he doesn't like me. We hardly have any food in the house. When ever I do somethin he mean to me. When he trys to be fun he gets to ruff. He mean to my Mom. All he cares about is his animals. I pray at night that my

daddy will change, but he never does. I wish I had a diffent dad. He doesn't spend any time with me. When I do something nice he insults me. One time along time ago he use to kick us with his mett tip boots. He always say bad words. When my brother get mad he will do what my dad would do. Then my dad will get mad at him and smack him. He always mad or in a grumpy mood. My parents are alway fighting. One time I said somethin about its a free country and he said its not for us. One time he said as long as you live under my roof you are going to live under my rules. I run to my room and cry. At the begining of the year of school I got 20 yellow slips because I see the stuff at home. I hate my dady he is mean to us."

The advocate worked with the woman and her granddaughter, called Social Services, and started the process of intervention.

In summary, a hospital-based domestic violence program can be very successful in getting victims to come in for services. There are a variety of reasons for a woman to visit a hospital, such as to get a mammogram or see a friend. Fortunately, the environment we offer is particularly comforting to older battered women who have never felt comfortable going to a shelter.

Implementation of Model Program/System

1. IDENTIFY THE NEED

- Establish focus groups of representatives from the legal, medical, education, social services, law enforcement, and religious communities who are in contact with families involved in violence. Convene focus groups to compile data, interview victims, and seek gaps in the community's care of victims of domestic violence.
- Make site visits to hospital-based advocacy programs and record impressions.
- Issue a report about domestic violence in the community based on the information gathered from the focus groups and site visits.
- Convene a community-wide forum or panel. Present the domestic violence report and seek suggestions (through breakout sessions) for creating a hospital-based domestic violence program that provides the following services:

  —Early detection, intervention, treatment, and referral services to victims of abuse who access care through dental, medical, chiropractic offices, or the hospital;

  —Established 24-hour crisis assistance and an advocacy system utilizing one-on-one counseling sessions, telephone interventions, support groups for victims, child care, transportation, follow-up services, and referral;

  —Education of healthcare professionals to enable them to better interview, treat, and document abuse cases; and

  —Initiation a therapeutic treatment program for the perpetrators of domestic violence.
- Create committees (and name chairpersons) comprised of focus group participants, community leaders, domestic violence agencies and shelters, and other hospital-based advocacy programs to include:

  —Law enforcement
  —Healthcare
  —Physician education
  —Nonprofit agencies
  —Education and prevention
  —Clergy

2. IDENTIFY A HOSPITAL IN WHICH TO BASE THE PROGRAM

- From the beginning, seek a partnership with a hospital to jointly study the need for a domestic violence program.
- Condense the domestic violence report to two pages with emphasis on how a designated hospital could raise the rate of early detection of domestic violence among its patients.
- Send the report to the hospital administrator and wait to receive notice about the hospital's interest and support.
- Once hospital support is approved, meet with different hospital department heads to inform them about the program and gain their support. For example, ask the obstetrics department to put up posters in patient bathrooms with tear-off sheets about the domestic violence program, include several questions about violence during intake, and provide information about the program in the information packets distributed by the department.

3. SEEK FUNDING SOURCES

Meet with the hospital's board of directors to obtain a funding commitment. Other sources

of funding and support could come from the hospital's foundation and various "friends" groups.

4. CREATE AN ORGANIZATIONAL STRUCTURE

- Hire staff with backgrounds in social work and recruit volunteers. Provide training to all volunteers. (Volunteers can assist staff with monthly data collection efforts, office work, child care for support groups, transportation, follow up, and on-call crises.)
- Hire a coordinator to oversee paid and volunteer staff, the program and its policies and procedures.

5. TRAIN STAFF, HEALTHCARE PROVIDERS AND COMMUNITY

- Write a training manual; then, revise it based on lessons learned from the first training session.
- Implement mandatory training for all hospital patient-care staff on early detection and intervention strategies.
- Conduct domestic violence educational sessions for community members and healthcare providers to train them to identify signs and symptoms of domestic abuse, or other relevant experience of working with families in domestic violence, identify support services, and educate at-risk patients and assist them in developing safety plans for victims.

6. ADVERTISE THE PROGRAM THROUGHOUT THE COMMUNITY

Place posters with small tear-off sheets containing the program's phone number in hospital bathrooms and medical clinics so that victims can obtain information confidentially. Distribute educational and resource materials to emergency rooms, local healthcare providers, clergy, community residents, and healthcare professionals throughout the community .

Funding/Resource Development

ASTOP, Inc.

ST. AGNES HOSPITAL FOUNDATION, INC.
"growing through partnership"

ASTOP, Inc. (Assist Survivors, Treatment, Outreach, Prevention.) is a center for sexual abuse survivors in the county which offers many services to victims.

JOIN the HUMAN RACE

Catholic Social Services offers a preschool program called "Kids Can" on prevention behaviors of sexual abuse.

Fond du Lac Medical Alliance	Fond du Lac Medical Alliance key supporters and initiators; also members of the Coalition Against Violence.
Fond du Lac Social Services	Fond du Lac Social Services is committed to providing prevention and intervention services for neglected and abused children.
Fond du Lac Sheriff's Department	Fond du Lac Sheriff's Department co-chairs the FDL Coalition Against Violence.
Fond du Lac Medical Society	Fond du Lac Medical Society teaches a gun safety and injury school curriculum and participates in conferences on physicians' roles in domestic abuse intervention.

Fond du Lac Public School District	Fond du Lac Public School District delivers a protective behavior curriculum in schools and has trained over 550 educators in protective behaviors.
Friends Aware of Violent Relationships	Friends Aware of Violent Relationships serves as a referral service and runs a 20-bed shelter for battered women and their children.
Crime Victim Witness Program	Crime Victim Witness Program supports victims through the legal process.
Fond du Lac Clergy Association	Fond du Lac Clergy Association continually works on educating clergy on abuse and how to respond to the victims.
The Congregation of the Sisters of St. Agnes, Fond du Lac	The Congregation of the Sisters of St. Agnes, Fond du Lac, provides financial support based on their mission statement which supports the value and dignity of all persons.

Models That Work Campaign Information

The Health Resources and Services Administration's Bureau of Primary Health Care, in collaboration with 39 co-sponsoring foundations, associations, and nonprofit organizations, has identified winners and special honorees in the 1996 **Models That Work** Campaign. To obtain strategy transfer guides for the programs listed below, contract the National Clearinghouse for Primary Care Information (NCPCI) at (800) 400-2742.

1996 Winners

PROGRAM NAME	KIND OF PROGR
Abbottsford and Schulykill Falls Community Health Centers	Nurse-Managed Center
Camp Health Aide Program (CHAP)	Culturally-Attun Community Out
Comprehensive Community Health Services Program of Project Vida	Integrated Famil Services
Hillsborough County Health Care Plan	Countywide Ma Residents
The Los Angeles Free Clinic Hollywood Center	Peer Outreach a Youth

1996 SPECIAL HONOREES

PROGRAM NAME	PROGRAM CATI
Accomack County School-Based Dental Program	Oral Health
Chicago Health Corps	Health Professio
Children's FACES (Family AIDS Clinic and Educational Services)	HIV/AIDS
Growing Into Life Task Force	Maternal and Ch
Independent Care	Managed Care
Marion County Child Health Initiative	City- or County-
MOM's Project	Substance Abus
Rotacare Free Clinics	Business Partici
The Rural Prevention Network	Rural Health
St. Agnes Hospital Domestic Violence	Hospital Particir

In addition to the **Models That Work** video (available June 1997) and other resource materials, the Bureau of Primary Health Care has published the 1996 **Models That Work** Compendium. This publication describes unique features of more than 275 community-based primary healthcare programs that participated in the 1996 competition. To obtain a copy of the compendium, video, or other materials, call (800) 400-2742. (Residents of the Washington, DC, metropolitan area, dial (703) 821-8955, extension 248.)

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For additional information about the **Models That Work** Campaign, or if you have questions or suggestions, contact:

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Table of Contents

This Strategy Transfer Guide is made possible through the "Models That Work" Campaign, sponsored by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care. We would like to acknowledge and thank our contributing co-sponsors listed below:

American Academy of Physician Assistants

American Clinical Laboratories Association

Catholic Health Association of the United States

HRSA, Maternal and Child Health Bureau

HRSA, Office of Rural Health Policy

National Association of Community Health Centers

National Organization of AHEC Program Directors

National Rural Health Association

Pharmacia & Upjohn

Robert Wood Johnson Foundation

W. K. Kellogg Foundation